

**ARIZONA DEPARTMENT OF
ENVIRONMENTAL QUALITY**
UST Section
1110 W. Washington St.
Phoenix, AZ 85007
(602) 771-4255
In-state toll-free (800) 234-5677



State Use Only

Fac.# _____ Owner I.D. _____

Reviewer's Initials: _____

Data Entry Initials: _____

Date Entered: _____ Fileroom: _____

Date Received: _____

NOTIFICATION FOR UNDERGROUND STORAGE TANKS FORM

Please type or print in black ink

Revised: April 2003

1. TYPE OF NOTIFICATION (Please check one)

<input type="checkbox"/> a. New Facility	<input type="checkbox"/> b. Amendment to an Existing Facility	<input type="checkbox"/> c. Closure at a Facility
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2. OWNERSHIP OF TANK(S)

Owner Name

Mailing Address

City State Zip Code

County

Telephone Number (include Area Code)

3. OPERATOR OF TANK(S)

Corporation or Business Name

Contact Person Job Title

Mailing Address

City State Zip Code

Telephone Number (include Area Code)

4. LOCATION OF TANK(S) (P.O. Boxes NOT acceptable)

Facility Name & Company Site I.D. (if applicable) Parcel Number

Physical Address (P.O. Box numbers NOT acceptable)

City State Zip Code

County

5. TYPE OF OWNER (Mark all that apply)

<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Local Government (i.e., City, County, Public Schools)	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Indian Country (Within boundaries of Indian Country)

6. TYPE OF FACILITY (Mark all that apply)

<input type="checkbox"/> Gas Station	<input type="checkbox"/> Railroad	<input type="checkbox"/> Trucking/Transport
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal: Non-Military	<input type="checkbox"/> Farm*
<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Federal: Military	<input type="checkbox"/> Residential*
<input type="checkbox"/> Utilities	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Automobile Dealership	<input type="checkbox"/> Contractor	

***Please check Glossary in Instruction Manual to determine if tanks are required to be registered**

7. FINANCIAL RESPONSIBILITY REQUIREMENTS - Mark the boxes which describe the financial assurance mechanisms being used to satisfy responsibility requirements.

<input type="checkbox"/>	Self-Insurance	<input type="checkbox"/>	Guarantee	<input type="checkbox"/>	State Assurance Fund
<input type="checkbox"/>	Commercial Insurance	<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Trust Fund
<input type="checkbox"/>	Risk Retention Group	<input type="checkbox"/>	Letter of Credit	<input type="checkbox"/>	Other Method Allowed (specify):

8. MAP AND DIAGRAM - Be sure to include buildings and cross streets in the facility drawing.

N8

.....
Legend - Use all symbols that apply

- | | | | |
|---|------------|---|---|
| " | Fill Tubes | 3 | Manway to Suction Pump |
| ! | Vent Lines | > | Vapor Monitoring Wells |
| ⌈ | Dispensers | * | Groundwater Monitoring Wells |
| | Piping | - | Manway to Automatic Tank Gauging |
| | Tank | | Manway to Submersible Pump and Line Leak Detector |
- (Tank numbering must match with Sections 9 & 10)

9. DESCRIPTION OF UNDERGROUND STORAGE TANK(S)					
Tank Identification Number (Assign sequential numbers, e.g., 1, 2, 3,...)					
	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
a) Date of Installation					
b) Total Gallon Capacity					
c) Substance Currently or Last Stored:					
Gasoline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diesel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kerosene	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heating Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Used Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)					
Hazardous Substance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CERCLA Name and/or					
CAS Number					
Mixture of Substances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please specify					
d) Material of Construction (Tank) Mark all that apply					
Asphalt-coated or Bare Steel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cathodically Protected Steel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Epoxy-coated Steel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Composite (Steel with Fiberglass)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiberglass Reinforced Plastic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lined Interior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Double-Walled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polyethylene Tank Jacket	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Concrete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Excavation Liner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If not listed, please describe tank construction					
If tank has been repaired, indicate date of repair					

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e) Material of Construction (Product Piping) Mark all that apply	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Bare Steel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Galvanized Steel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fiberglass Reinforced Plastic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Copper</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cathodically Protected</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Double Walled</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Secondary Containment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unknown</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (please specify)</td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> </table>										Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																																																																									
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Interstitial Monitoring (secondary containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																															
Automatic Line Leak Detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																																																																																																																																															
Line Tightness Testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																																																																																																																																															
Other method allowed by ADEQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																															
Please Specify	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																																																																																																																																
h) Emergency Generator Mark box if tank is connected to an Emergency Generator	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																				

10. STATUS OF TANK(S)										
Tank Identification Number (Assign sequential numbers, e.g., 1, 2, 3,...)										
	Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
a) Currently in Use	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
b) Temporary Closure of Tank	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
(1) Date of temporary tank closure										
(2) Request to extend temporary closure period beyond 12 months	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Site assessment completed to extend temporary closure period? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
c) Permanent Closure of Tank	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date the tank was last used										
Date of closure by removal from ground										
Date of closure in ground										
Specify Inert Material Used for In-Ground Closure										
Closure site assessment completed? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
d) Change-in-Service	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of change-in-service										
Closure site assessment completed? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
e) Evidence of Release (leak)? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

The space below is provided for your comments:

11. CERTIFICATION		
I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		
Name and Official Title of Owner or Owner's Authorized Representative (print please)	Signature	Date Signed

12. TANK INSTALLATION OR UPGRADE CERTIFICATION (To be completed by Installer)					
Tank Identification Number (Assign sequential numbers, e.g., 1, 2, 3,...)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
a) Installation (Mark all that apply)					
(1) Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Another method allowed by ADEQ (please specify)					
b) Spill and Overfill Protection					
(1) Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed					
(2) Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed					
c) Corrosion Protection					
Corrosion Protection installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed					

I CERTIFY UNDER PENALTY OF STATE LAW THAT THE INFORMATION CONTAINED IN THIS SECTION IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

Installer: _____

Name	Signature	Date
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Position	Company
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NOTE: Arizona Revised Statutes (A.R.S.), Title 49, Chapter 6, Section §49-1002 requires owners of underground storage tanks (USTs) to notify the Arizona Department of Environmental Quality (ADEQ) of their USTs, on forms prescribed by the Department. The *Notification for Underground Storage Tanks* form is designed to serve two purposes: 1) to register the USTs located at a specific facility and 2) to inform ADEQ of any changes (amendments) at an UST facility, (i.e., installation, closure, method of release detection, change in ownership). Owners and operators of USTs are required to notify ADEQ of all changes at a facility within thirty (30) days of that change.

PENALTIES: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000.00 for each tank for which notification is not given or for which false information is submitted.